



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#5/B  
D NasL  
7/8/03

Applicant: Compagnucci

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Serial No. 10/048,143

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Art Unit: 3626

Filed: January 23, 2002

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Examiner: Gerald A. Anderson

For: MULTI-PURPOSE ELEMENT  
FOR SLIDING METAL RACKS  
LOCATED INSIDE FURNITURE

\*

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A M E N D M E N T

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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JUL 01 2003  
GROUP 3600

Dear Sir:

In response to the Official Action of March 27, 2003, please amend the above-identified application as follows:

IN THE CLAIMS

Please cancel claims 1-4 without prejudice or disclaimer.

Please amend claims 5 and 6 as follows.

Please insert herein new claims 7 and 8.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Compagnucci

Serial No. 10/048,143

Filed: January 23, 2002

For: MULTI-PURPOSE ELEMENT FOR SLIDING METAL RACKS LOCATED INSIDE FURNITURE

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: June 25, 2003

Express Mail Label No. EV315411442US

By: Sarah M. Bates

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The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	OR	RATE	ADD. FEE
TOTAL	4	MINUS	** 20	0	x 9	\$ -0-		x 18	\$
INDEP	3	MINUS	*** 3	0	x 42	\$ -0-		x 84	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+140	\$		+280	\$
					TOTAL	\$ -0-	OR	TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 02003-PCT-PA  
FORM PTO-1083

Robert M. Gamson June 25, 2003  
Robert M. Gamson  
Reg. No. 32.986